

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 05/14/01?
 - b. The request was received on 05/14/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. HCFAs
 - c. Audit summaries/EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 07/26/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/30/02. The only response from the insurance carrier was received in the Division on 06/20/02 and is listed as Exhibit II.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 07/09/02
"...we strongly feel and believe that we should be reimbursed a total of \$740.20 plus interest since the rationale from the insurance carrier is incorrect and the EOBs enclosed clearly reflect what other insurance carriers are paying as 'fair and reasonable' in our geographical area."
2. Respondent: no position submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 05/14/01.
2. The carrier's EOBs have the denials "A – PRE-AUTHORIZATION NOT OBTAINED" and "O – DENIAL AFTER RECONSIDERATION, PATIENT ALREADY PURCHASED WATER-CIRCULATING PAD W/PUMP ON 02-02-01."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
05/14/01	E0236	\$495.00	\$0.00	A, O	DOP	Texas Workers' Compensation Act & Rules, Rule 133.304 (c) & 134.600 (h)(11);	Commission Rule 133.304 (c) states, "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)."
05/14/01	E0249	\$125.00	\$0.00	A, O	DOP		<p>The carrier's first EOB denied payment citing the lack of preauthorization. Per Rule 134.600 (h)(11), preauthorization is only required if the per item price is in excess of \$500.00. The price of none of the individual items billed exceeded \$500.00 so none would require preauthorization.</p> <p>The carrier's second EOB denied payment stating, "patient already purchased water-circulating pad w/pump on 02-02-01." This statement of fact is not a proper denial and provides insufficient explanation to allow the sender to respond to the dispute, per Rule 133.304 (c). Also, the carrier did not provide an EOB indicating payment for the 02/02/01 DOS.</p> <p>Therefore, reimbursement of \$740.20 (amount requested on the TWCC-60) is recommended.</p>
05/14/01	E1399	\$125.00	\$0.00	A, O	DOP		
Totals		\$745.00	\$0.00				The Requestor is entitled to reimbursement of \$740.20.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$740.20 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 25th day of October 2002.

Larry Beckham
 Medical Dispute Resolution Officer
 Medical Review Division